| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |   |   |   |                                   |   |                  |            |            | Application or Docket Number 10/58065 |            |                            |                          |
|--|---|---|---|-----------------------------------|---|------------------|------------|------------|---------------------------------------|------------|----------------------------|--------------------------|
|  |   | CLAIMS                                    | AS FILED -  |                                   | (Column 2)  |                  |            | SMALL EN   | ŤΙΤΥ                                  | OR         | OTHER THAN<br>SMALL ENTITY |                          |
| U.S. NATIONAL STAGE FEES   |   |   |   |                                   | (000000000)   |                  | 1          | RATE       | FEE                                   | j          | RATE                       |                          |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150                               |                                   | LAR   | GE ENT. = \$ 300 |            | BASIC FEE  |                                       | ┨ <u>ॢ</u> | BASIC FEE                  | FEE '                    |
| EXAMINATION FEE  |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$ 100 |                                   | All other situations = \$ 100 / \$ 200                |                  |            | EXAM FEE   | <del> </del>                          | ┨~~        |                            | 300                      |
| SEARCH FEE   |   |   |   |                                   | U.S. la ISA = \$ 50 / \$ 100<br>ALL other countries = |                  |            |            |                                       | 1          | EXAM. FEE                  | 200                      |
| FEE FOR EXTRA SPEC. PGS.   |   |   | = \$ 250 / \$ 500                                 |                                   | \$ 200 / \$ 400                                       |                  |            | SEARCH FEE |                                       |            | SEARCH FEE                 | 400.                     |
| TOTAL CHARGEABLE CLAIMS  |   |   | minus 100 =                                       |                                   | /50=  |                  |            | X \$ 125 = |                                       |            | X \$ 250 =                 |                          |
| INDEPENDENT CLAIMS   |   |   | 22 minus 20 =                                     |                                   |   |                  |            | X \$ 25 =  |                                       | OR         | X \$ 50 =                  | 100                      |
| ├  |   | 2 minus 3 =                               |   | •                                 |   |                  | X \$ 100 = |            | OR                                    | X \$ 200 = |                            |                          |
|  |   | DENT CLAIM PR                             |   |                                   |   |                  |            | + \$ 180 = |                                       | OR         | + \$ 380 =                 |                          |
| "  | * If the difference in column 1 is less than zero, enter "0" in column 2    |   |   |                                   |   |                  |            | TOTAL      |                                       | OR         | TOTAL                      | 1800                     |
| 3  | CLAMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAMS HIGHEST |   |   |                                   |   |                  |            | SMALL E    | NTITY                                 | OR         | OTHER<br>SMALL E           |                          |
| WENDWENT A   | Total   | REMAINING<br>AFTER<br>AMENDMENT           |   | PREVIO                            | BER<br>DUSLY  | PRESENT<br>EXTRA |            | RATE       | ADDI-<br>TIONAL<br>FEE                |            | RATE                       | ADDI-<br>TIONAL<br>FEE / |
|  | Independent   |   | Minus   | <b>**</b>                         | $\mathcal{U}$   | -                | ١          | X \$ 25 =  | 1                                     | OR         | X \$ 50 =                  |                          |
| ₹  |   |   | Minus   |                                   |   | -                | ı          | X \$ 100 = |                                       | OR         | X \$ 200 =                 | $\cdot T$                |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT O                                  |   |   |                                   | CLAIM   |                  | l          | + \$ 180 = |                                       | OR         | + \$ 360 =                 |                          |
|  | •   |   |   |                                   |   |                  |            |            |                                       | OR         | TOTAL ADDIT.               |                          |
|  |   | (Column 1)                                |   | (Colun                            |   | (Column 3)       |            | -00-       |                                       |            |                            | ·.                       |
| 물  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER   | PRESENT<br>EXTRA |            | RATE       | ADDI-<br>TIONAL<br>FEE                |            | RATE                       | ADDI-<br>TIONAL<br>FEE   |
|  | Total   | • .                                       | Minus   | **                                |   | = ·              |            | X \$ 25 =  |                                       | OR         | X \$ 50 =                  |                          |
|  | Independent   | •   | Minus   | ***                               |   | 3                |            | X \$ 100 = |                                       | OR         | X \$ 200 =                 |                          |
|  | FIRST PRES  | ENTATION OF M                             | ULTIPLE DEPE                                      | NDENT C                           | LAIM  |                  |            | + \$ 180 = |                                       | OR         | + \$ 360 =                 |                          |
| TOTAL ADDIT: OR TOTAL ADDIT.   |   |   |   |                                   |   |                  |            |            |                                       |            |                            |                          |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.  ORM PTO-875 (Rev. 02/2005) |   |   |   |                                   |   |                  |            |            |                                       |            |                            |                          |